

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000004412
 1. Entity Name
 S.USA LIFE INSURANCE COMPANY, INC.



Principal Place of Business Mailing Address
 3225 NORTH CENTRAL AVE P.O. BOX 1050
 SUITE 1601 NEWARK, NJ 07102
 PHOENIX, AZ 85012



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 13-4144857 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000070010
 03/01/04-80029-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPCE PRYOR, VIKKI L C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVP MCINTOSH, DENNIS M C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVP TUCKER, KERRY Y C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVP WALSH, DAVID J C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DEVP ALI, M. NASIM C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP MEOLA, RALPH C/O SBLI USA 460 W 34TH STR, STE 800 NEW YORK, NY 10001

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David J. Walsh David J. Walsh 2/28/04 212 356 0334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #